

CITY OF LAKEWAY PARKS & RECREATION DEPARTMENT

1102 Lohmans Crossing Road
Lakeway, TX 78734-5159
Ph: (512) 314-7530
www.lakeway-tx.gov



City of Lakeway Student Participation Form

Please print information clearly.

Participant Name:	Date of Birth:	Student ID#:	
Street Address:	City:	State:	Zip Code:
Home phone:	Cell Phone:		
E-mail Address:			

The following list of responsibilities is to be adhered to by all City of Lakeway Volunteers:

1. Always act in a professional and respectful manner.
2. Be safety conscious at all times.
3. Be courteous to all persons with whom you come in contact.
4. The use of alcohol and controlled substances is absolutely prohibited.
5. Always check in and out with your designated supervisor.

By signing below I agree to abide by these responsibilities.

Participant Signature:	Printed Name:	Date:
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Emergency Contacts

Please list the names and telephone numbers of two people we can contact in the event of an emergency.

Emergency Contact 1

Name:		Relationship to Participant:
Daytime Phone:	Evening Phone:	Cell Phone:

Emergency Contact 2

Name:		Relationship to Participant:
Daytime Phone:	Evening Phone:	Cell Phone:

Authorizations and Releases

MEDICAL TREATMENT:

I hereby give permission that my child may be given emergency treatment, to include First Aid and CPR by a qualified staff member. I also give permission for my child to be transported by ambulance, treated by aid car personnel and/or transported to an emergency center for treatment.

In the event that I cannot be contacted, I further authorize and consent to the administration of any and all medical, dental, and surgical examinations or operations and treatment or all other related care, including the administration of drugs, tests, injuries, anesthesia, and/or blood transfusions to the above named minor person that may be ordered by the physician and/or dentist in attendance at the medical center deemed necessary for emergency treatment. I hereby consent to the release of medical reports to any doctor or agency and consent to the admission of the above named minor person to the hospital. I certify that I am the parent or legal guardian of the above mentioned child and that I have authority to authorize such treatments.

INSURANCE:

I acknowledge that is the responsibility of every individual, their parent or legal guardian to provide for their own accident and health coverage while participating in all City of Lakeway Parks and Recreation Department Activities.

PARTICIPATION AURHORIZATION:

I give permission for my child to participate in activities and to be transported as authorized by the City of Lakeway Parks and Recreation Department. I acknowledge that The City of Lakeway is not responsible for any personal articles lost or stolen and that any photos taken are City of Lakeway property and may used in the promotion of future City Programs.

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

I hereby waive, release and discharge any and all claims for damages for death, personal injury, or property damage which I or my child may have, or which may hereafter accrue to me as a result of my participation in said activities. This release is intended to discharge in advance the City of Lakeway, City Council, its officers, agents, and employees, the Lake Travis Independent School District and the School Board, its officers, agents and employees from and against any and all liability arising out of or connected with my or my children's participation in said activities, even though that liability may arise out of negligence or carelessness, on the part of the persons or entities mentioned above. I am aware that Lakeway Parks and Recreation Department activities may subject me, or my child, to physical risks and dangers. Nevertheless, I voluntarily agree to assume any and all risks of injury or death, and to release discharge, and hold harmless all of the entities or persons mentioned above whom, through negligence or carelessness, might otherwise be liable to me, or my heirs, personal representatives, next of kin, spouse or assigns. It is understood and agreed that this waiver, release, and assumption of risk to be binding on my heirs, personal representatives, next of kin, spouse and assigns and is intended to be as broad and inclusive as is permitted by the laws of the State of Texas and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I have carefully read this Agreement and fully understand its content.

I have fully read these authorizations and releases and fully understand their contents. Furthermore, the significance of these authorizations and releases has been explained to the minor.

Signature:	Printed Name:	Date:
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Please indicate whether you are signing as: Parent ____ Guardian ____